05291999-90019-013-$5.00-$5.00 * 05291999-90019-014-$61.25-$61.25

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90019 013 *****5.00
05-29-1999 90019 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006951

1. Corporation Name
SAINT LUKE AFRICAN METHODIST EPISCOPAL CHURCH, I NC.

376022 - 90004 - 8

Principal Place of Business	Mailing Address
~~3728 W JEFFERSON STREET ORLANDO FL 32805~~ 5051 N. Lane Orlando, Fl 32808	3728 W JEFFERSON STREET ORLANDO FL 32805

2. Principal Place of Business 21 5051 N. Lane 22 Suite, Apt. #, etc. 23 City & State: Orlando, Florida 24 Zip: 32808 25 Country: U.S.A.	2a. Mailing Address 26 3728 W. Jefferson St. 27 Suite, Apt. #, etc. 28 City & State: Orlando, Florida 29 Zip: 32805 30 Country: U.S.A.	3. Date Incorporated or Qualified: 12/03/1998 4. FEI Number: EIN 52216 9358 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☒ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MURPHY, MARY A
3728 W JEFFERSON STREET
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Rev. Mary Alice Murphy, pastor / Chairman — DATE: 4/30/1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, MONROE H 1232 ORVID HILL AVE BALTIMORE MD	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Trustee Ranelle Davis 4109 Cepeda St. Orlando, Florida 32811	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAPPER, R O 550 N 58 STREET PHILADELPHIA PA	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Steward Mary Louise Lovett 4132 Booker St. Orlando, Florida 32811	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, W H 400 TEA ST NW WASHINGTON DC	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Chairman Mary Alice Murphy/pastor 3728 W. Jefferson St. Orlando, Florida 32805	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Alice Murphy FOR MARY Alice Murphy, pastor / 4-30-1999 / 409-297-1544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)